BIRCH, STEWART, KOLASCH & BIRCH, LLP

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ATTORNEY DOCKET NO. 0717-0519P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUBSTRATE CLEANING DEVICE AND SUBSTRATE PROCESSING FACILITY

Insert Title:)			· · · · · · · · · · · · · · · · · · ·		
	the specification of which is attached hereto.	If not attached hereto,				
Fill in Appropriate	the specification was filed on			Q.E.		
Information -	United States Application Number	r		as		
For Use Without	and amended on		(if any	plicable); and/or		
Specification Attached:	the specification was filed on		(" ap)	as PCT		
	International Application Number	10		as PC1		
	amended on			; and was (if applicable)		
	I hereby state that I have reviewed and to by any amendment referred to above. I acknowledge the duty to disclose infor \$1.56. I do not know and do not believe the sthereof, or patented or described in any primprior to this application, that the same was napplication, that the invention has not been application in any country foreign to the Unmore than twelve months (six months for de on this invention has been filed in any courrepresentatives or assigns, except as follows:	rmation which is material to same was ever known or us need publication in any coun tot in public use or on sale in patented or made the sub- ited States of America on an esigns) prior to this applica- ntry foreign to the United	patentability as defined in Title 37, C ed in the United States of America be try before my or our invention them in the United States of America more ject of an inventor's certificate issue in application filed by me or my legal tion, and that no application for pate	ode of Federal Regulations perfore my or our invention reof or more than one year than one year prior to this ded before the date of this representatives or assign		
Insert Priority	I hereby claim foreign priority benefits or inventor's certificate listed below and hav a filing date before that of the application of Prior Foreign Application(s)	ve also identified below any	foreign application for natent or in	ventor's certificate havin		
Information:	2003-012877	Japan	January 21, 2003	Priority Claimed		
(if appropriate)	(Number)	(Country)	(Month / Day / Year Filed)	Yes N		
	<u>, † </u>	<u> </u>		ñ ñ		
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.					
insert Provisional Application(s):						
(if any)	(Application Number)			(Filing Date)		
	(Application Number)		· · · · · · · · · · · · · · · · · · ·	(Filing Date)		
	All Foreign Applications, if any, for any Patthe Filing Date of this Application:	ent or Inventor's Certificate	Filed more than 12 months (6 mor	nths for designs) Prior to		
Insert Requested Information:	Country	Applica	tion Number Date of	Date of Filing (Month/Day/Year)		
insert Prior U.S.	I hereby claim the benefit under Title 35, Uninsofar as the subject matter of each of the clain the manner provided by the first paragraph which is material to patentability as defined filing date of the prior application and the na	aims of this application is not not Title 35, United States in Title 37, Code of Feder	ot disclosed in the prior United States Code, §112, I acknowledge the duty al Regulations. §1.56 which becan	s and/or PCT application to disclose information		
Application(s):	(Application Number)	(Filing Date)	(Status - patented, pe	ending, abandoned)		
Page 1 of 2	(Application Number)	(Filing Date)	(Status - patented, pe	ending, abandoned)		

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292 P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

YOU MUST COMPLETE THE FOLLOWING:				,			
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	GIVEN NAME Takenori	FAMILY NAME YOSHIZAWA	inventor's signature Takenor)	Yochizawa	-DATE*		
Insert Residence Insert Citizenship	Residence (City, State & Country) Tsu-shi, Mie 514-0111 Japan			CITIZENSHIP Japanese			
Insert Mailing Address	MAILING ADDRESS (Complete Street Address including City, State & Country) 812-15, Ishindenhirano, Tsu-shi, Mie 514-0111 Japan						
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	·	DATE*		
sec above	Residence (City, State	& Country)		CITIZENSHIP	·		
	MAILING ADDRESS (C	Complete Street Address inclu	uding City, State & Country)	?			
Pull Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
sec above	Residence (City, State	& Country)	·	CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	,	DATE*		
see above	Residence (City, State & Country)			CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country)			CITIZENSHIP			
Page 2 of 2	MAILING ADDRESS (Complete Street Address including City, State & Country)						
(Revised 01/02)	DATE OF SIGNATURE				<u> </u>		